

Pharmacogenetics Lessons from Anti Epileptic Drugs

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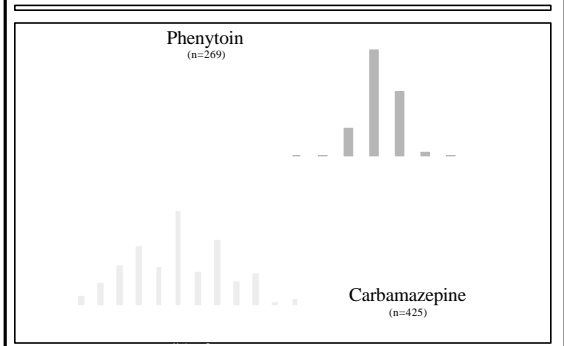
Carbamazepine and Phenytoin

- Widely used (especially Carbamazepine)
- Inexpensive
- Effective

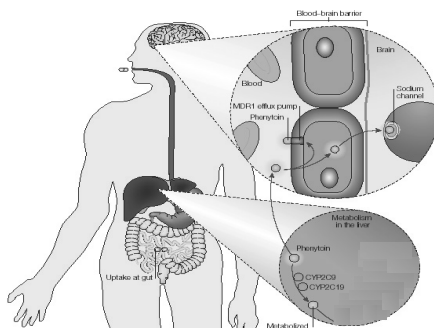
Carbamazepine and Phenytoin

- Widely used (especially Carbamazepine)
- Inexpensive
- Effective
- **Appropriate doses, like with most AEDs and many other medicines, can take months to identify**

Maximum doses



Phenytoin Pathway



Strategy

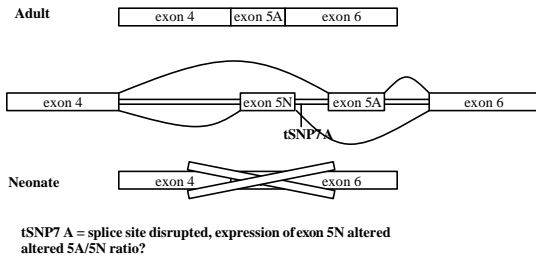
Phenytoin

- Assess functional variants in CYP2C9
- Assess putative functional variant in ABCB1
- Assess tagging SNPs in SCN1A

Carbamazepine

- Assess putative functional variant in ABCB1
- Assess tagging SNPs in SCN1A

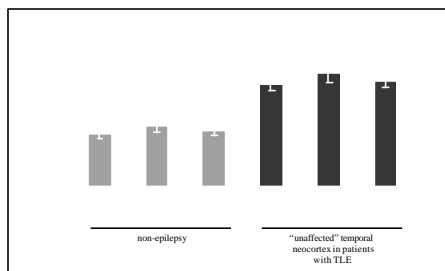
tSNP7 may affect SCN1A splicing in humans



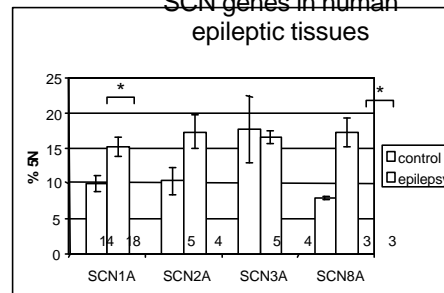
The proportion of 5N transcript is significantly higher in "unaffected" temporal lobe compared with seizure focus (hippocampus)

Genotype	"Un affected" temporal lobe	hippocampus	P value
AA	10.9	11.7	0.54
GG	14.6	11.2	0.02

Brain mRNA expression of SCN1A exon5A and 5N variants

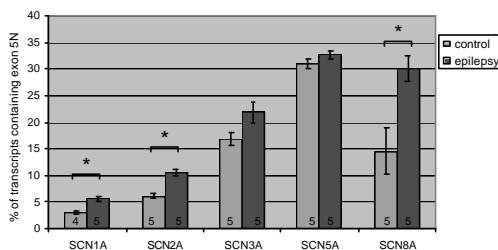


Exon 5N is up-regulated in SCN genes in human epileptic tissues



- Control RNA was purified from tissues in the Parkinson's Brain Bank
- For all but SCN1A, sample sizes are small
- SCN5A and SCN9A were not reliably detected in these tissues

In rats: exon 5N is widely up-regulated in models of epilepsy



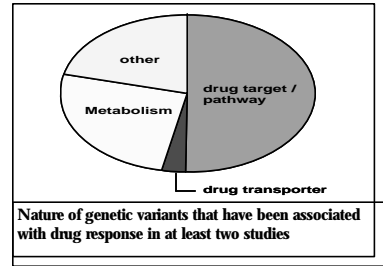
- Rats were 8 weeks old, tissues were harvested 3 weeks after pilocarpine injection
- SCN9A was not reliably detected in cortical tissues

Some good news...

- Haplotype tagging can identify unknown functional variants

Pharmacogenetics is a *simpler complex trait*

- Obvious candidate genes often carry gene variants that influence drug response
- Many of the causal variants are common



Pharmacogenetics is a *simpler complex trait*

- Obvious candidate genes often carry gene variants that influence drug response
- Many of the causal variants are common
- There is often the possibility of direct clinical relevance (change dose, select appropriate drug, etc)

Pharmacogenetics is Translational Research

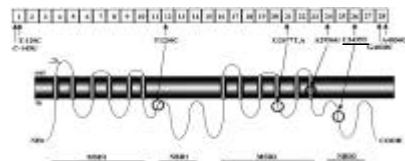
- 1) It is appropriate to prioritize projects based on potential clinical relevance
- 2) An argument can be made that a certain degree of exploratory pharmacogenetics (targets and target pathway, relevant DMEs, relevant transporters) should be a mandatory part of the drug development process

Refractory epilepsy

- ~30% of patients do not have their seizures controlled pharmacologically

ABCB1 encodes for the multidrug transporter protein PGP

- 28 exons, 209 Kb
- encodes PGP: 170KDa, 12 transmembrane domains
- highly expressed in CNS, small intestine, colon, testis, placenta, liver, kidney, PBC
- key determinant of multidrug resistance and up-regulated in cancer cells



ABCB1 C3435T and refractory epilepsy

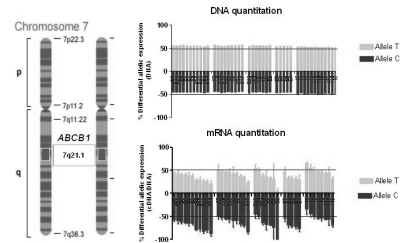
Siddiqui et al. 2003

Phenotype	CC	CT	TT
Drug-resistant (%)	55 (27.5)	106 (53.0)	39 (19.5)
Drug-responsive (%)	18 (15.7)	63 (54.7)	34 (29.6)
Control (%)	37 (18.5)	116 (58)	47 (23.5)
$\chi^2 = 7.65$, $P = 0.006$ OR: 2.66 (1.32-5.38)			

Tan et al. 2004

Phenotype	CC	CT	TT
Drug-resistant (%)	75 (18.7)	193 (48.1)	133 (33.2)
Drug-responsive (%)	37 (17.8)	115 (55.3)	56 (26.9)
$P = 0.21$			

MDR1 allelic imbalance



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